| ·  |  |   |                                    |                                       |                            |                                       |              | Application or Docket Number |          |                        |          |                               |                        |
|--|--|---|------------------------------------|---------------------------------------|----------------------------|---------------------------------------|--------------|------------------------------|----------|------------------------|----------|-------------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECOI     |  |   |                                    |                                       |                            |                                       |              | 09 816333                    |          |                        |          |                               |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |                                    |                                       |                            |                                       |              | SMALL ENTITY TYPE            |          |                        | OR       | OTHER THAN<br>OR SMALL ENTITY |                        |
| TC   | OTAL CLAIMS                                    |   | 20                                 | !                                     |                            |                                       |              | RATE                         | Ē        | FEE                    | 1        | RATE                          | FEE                    |
| FO   | )R   |   | NUMBER                             | FILED .                               | NUME                       | BER EXTRA                             |              | BASIC                        | FEE      | 355.00                 | OR       | BASIC FEE                     |                        |
| TOTAL CHARGEABLE CLAIMS                        |  |   | 20 mir                             | 20 minus 20=                          |                            | · Ø                                   |              | X\$ 9                        | =        |                        | OR       | X\$18=                        |                        |
| <u> </u>                                       | DEPENDENT CL                                   |   |                                    | 3 minus 3 =                           |                            | Ø                                     |              | X40=                         |          |                        | OR       | X80=                          |                        |
| MU   | ILTIPLE DEPEN                                  | NDENT CLAIM PR                            | RESENT                             |                                       |                            | +135                                  |              |                              | _        |                        | OR       | +270=                         |                        |
| • II   | the difference                                 | in column 1 is                            | less than ze                       | less than zero, enter "0" in column 2 |                            |                                       |              | TOTA                         | _        |                        | OR       | TOTAL                         | 710                    |
| / / CLAIMS AS AMENDED - PART II                |  |   |                                    |                                       |                            |                                       |              |                              | . 1      |                        | <b>,</b> | OTHER                         |                        |
| 4  | 21/05  | (Column 1)                                |                                    | (Colur                                | mn 2)                      | (Column 3)                            | _            | SMALL ENTITY                 |          | OR                     | SMALL    |                               |                        |
| AMENDMENT A                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGH<br>NUMI<br>PREVIC<br>PAID        | BER<br>OUSLY               | PRESENT<br>EXTRA                      |              | RATE                         | =        | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |
| NDW  | Total  | . 20                                      | Minus                              | 6                                     | 20                         | =                                     |              | X\$ 3                        | <u> </u> |                        | OR       | X\$#8=                        |                        |
| ME   | Independent                                    | . 3                                       | Minus                              | ••• <                                 | 3                          | =                                     | 107<br>X\$15 |                              | 7        |                        | OR       | X                             |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPEND          |   |                                    | PENDENT                               | CLAIM                      |                                       | ł            | 180                          | ,        | -                      |          | 360                           |                        |
|  |  |   |                                    |                                       |                            |                                       | L            | +65-                         |          |                        | OR       | +840=                         |                        |
|  |  | •   |                                    |                                       |                            |                                       | A            | TOTA<br>ADDIT. FE            |          |                        | OR,      | TOTAL<br>ADDIT. FEE           |                        |
| _  |  | (Column 1)                                |                                    | (Column 2) (Column 3)                 |                            |                                       |              |                              |          |                        | . ,      |                               |                        |
| AMENDMENT B                                    |  | REMAINING<br>AFTER<br>AMENDMENT           |                                    | NUME<br>PREVIO                        | BER<br>OUSLY               | PRESENT<br>EXTRA                      |              | RATE                         |          | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |
| NON  | Total  | •   | Minus                              | ••                                    |                            | =                                     | ┨┃           | X\$ 9=                       | -        |                        | OR       | X\$18=                        | _                      |
| AME  | Independent                                    | •   | Minus                              | ***                                   |                            | =                                     | Ī            | X40=                         | 7        |                        | OR       | X80=                          |                        |
| لــا   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |                                       |                            |                                       | 1            | +135=                        | 1        |                        |          | +270=                         |                        |
|  |  |   |                                    |                                       |                            |                                       | L            | TOT/                         |          |                        | OR       | TOTAL                         |                        |
|  |  | ·= 1 45                                   |                                    | . م                                   | -                          |                                       | A            | DDIT. FE                     |          |                        | OR,      | ADDIT. FEE                    |                        |
|  | ·  | (Column 1)<br>CLAIMS                      |                                    | (Colun                                |                            | (Column 3)                            | _            |                              | _        |                        |          |                               |                        |
| AMENDMENT C                                    |  | REMAINING<br>AFTER<br>AMENDMENT           |                                    | PREVIO<br>PAID F                      | BER<br>OUSLY               | PRESENT<br>EXTRA                      |              | RATE                         |          | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |
| NON  | Total  | •   | Minus                              | **                                    | ·<br>                      | 2                                     |              | X\$ 9=                       |          |                        | OR       | X\$18=                        |                        |
| AME  | Independent                                    | •   | Minus                              | •••                                   |                            | =                                     | t            | X40=                         | 十        |                        | Ì        | X80=                          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |                                       |                            |                                       |              |                              | +        |                        | OR       |                               |                        |
| ٠,   | If the entry in colum                          | L   | +135=                              |                                       |                            | OR                                    | +270=        |                              |          |                        |          |                               |                        |
| !  | ll the "Highest Nun<br>If the "Highest Nur     | mber Previously Pai<br>mber Previously Pa | aid For IN THIS<br>aid For IN THIS | S SPACE is                            | s less than<br>is less tha | n 20, enter "20."<br>in 3, enter "3." |              | TOTA<br>DDIT. FE             | E        |                        |          | TOTAL<br>ADDIT. FEE           |                        |
| ,  | The "Highest Num                               | ber Previously Paid                       | J FOF (10tal or                    | . Independe                           | anı) is me                 | highest number                        | lour         | nd in the                    | appr     | opnate box             | in con   | <b>มภาก 1</b> .               |                        |